

Nightingale Domiciliary Care Ltd

# Nightingale Domiciliary Care

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Nightingale Domiciliary Care is a domiciliary care agency. It provides personal care and support to people in their own homes. At the time of the inspection there were two people receiving personal care from the service.

### People's experience of using this service

There were safeguarding adults procedures in place. The registered manager and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work and there were enough staff to meet people's care and support needs. Staff were following government guidance in relation to infection prevention and control.

People's care needs were assessed before they started using the service and care plans were in place to ensure staff could support them safely. Staff received training relevant to people's needs. People received support from staff to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Relatives told us their loved ones were treated in a caring and respectful manner and they had been consulted about their loved one's care needs. They knew how to make a complaint if they needed to. People had access to end of life care and support if it was required.

There were effective systems in place to monitor the quality of service that people received. Staff said they received good support from the registered manager. The registered manager took people and their relatives views into account through spot checks and phone calls. The registered manager and staff worked with health care providers to plan and deliver an effective service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 21/12/2020 and this is the first inspection.

### Why we inspected

This was a planned inspection to assess if the provider was complying with our regulations.

### Follow-up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)



## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Nightingale Domiciliary Care

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

A single inspector carried out this inspection.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we received about the service. We asked the registered manager to send us information in relating to staff training, medicines management, quality assurance and infection control. We used the information the provider sent us in the provider information return. This is information providers

are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the relatives of two people using the service about their experience of the care provided. We spoke with a member of staff and the registered manager. We reviewed a range of records. These included two people's care records, staff files in relation to recruitment and training and a variety of records relating to the management of the service, including the quality monitoring systems and audits.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. A relative told us, "My loved one is safe and well looked after."
- There were safeguarding and whistle blowing procedures in place. Staff had received training on safeguarding children and adults.
- The registered manager and staff understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. Assessments included risk for people in areas such as moving and handling, medical conditions and personal care tasks.
- Risk assessments included information for staff about the actions to be taken to minimise the chance of accidents occurring. For example, where a person had been assessed as requiring a walking aid for moving around their home, we saw guidance had been provided for staff to make sure the walking aid was within reach so that they could move around safely.
- There were also guidelines in place for staff to follow when supporting people with specific medical conditions.
- Risk assessments had been carried out in people's homes relating to health and safety and the environment to protect people and staff who provided care.

Staffing and recruitment

- There was enough staff available to support people's needs. The registered manager showed us a rota that confirmed the staffing hours provided to each person. A relative told us, "The staff member is never late. They are flexible too if we need to change times."
- A staff member told us, "I live near to the person I support, and I am never late."
- Robust recruitment procedures were in place. Staff recruitment records included completed application forms, references, health checks and confirmation that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received support from family members to take their medicines safely. Staff did not administer medicines to any people using the service.
- People's care records included details of the medicines that had been prescribed by their GP's. Care plans and risk assessments recorded that people, or their relatives administered and managed their medicines.

One relative told us, "We administer our loved one's medicines. As a family, we made that decision and told the registered manager that's what we wanted to do."

- Training records confirmed that staff had received training on the administration of medicines. The registered manager told us this was to ensure that staff had the necessary skills to safely administer medicines when people were assessed as needing this type of support. A staff member told us, "I have had training on administering medicines, but I don't administer any medicines to the people I currently support."

#### Preventing and controlling infection

- The provider was taking appropriate measures to prevent people and staff catching and spreading infections.
- A staff member told us, "I have access to plenty of PPE. I follow the latest Government guidelines and I always wear masks and gloves when I am supporting people with their needs."
- Records confirmed that staff had received training on COVID 19 and infection control.
- A relative told us, "The staff always wear appropriate PPE when they come into our home."

#### Learning lessons when things go wrong

- The registered manager and staff understood the importance of reporting and recording accidents and incidents. A staff member told us they would report any accidents or incidents to the registered manager and complete an accidents and incidents form.
- The registered manager told us there had been no accidents and incidents since the service started however, they showed us an accidents and incidents folder and log. They told us if there was an accident or an incident, they would discuss these with the staff team in order to reduce the likelihood of the same issue reoccurring.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out assessments of people's needs to consider if the service could support them safely. These assessments covered all aspects of people's care and were used to draw-up care plans and risk assessments.
- Assessment records showed that people, their relatives and appropriate health care professionals had contributed to these assessments to ensure the person's individual needs were considered and addressed. Care plans and risk assessments were kept under regular review to ensure people's needs were being met by the service.

Staff support: induction, training, skills and experience

- Staff received training and support relevant to people's needs. They completed an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- A relative told us, "I feel that the staff are well trained and know what they are doing."
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included safeguarding adults, moving and handling, first aid, food hygiene, infection control, equality and diversity, diet and nutrition and the Mental Capacity Act 2005 (MCA).
- A staff member told us they shadowed experienced staff and had completed an induction when they started working at the service. They said they received regular supervision, were up to date with training the provider considered mandatory and had received training on people's specific medical conditions. Records in staff files confirmed staff received supervisions on a quarterly basis.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to maintain a balanced diet. Family members looked after people's dietary needs. Where they required support with eating and drinking, this was recorded in their care records.
- People received support relating to their dietary requirements from staff that understood their cultural and religious needs.
- A relative told us, "We cook the meals and the staff warm it up for loved one." A staff member told us, "People's family members prepare the meals for people. I generally heat meals up for people and make snacks and drinks."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support to maintain good health. The registered manager told us they worked in partnership with family members, health care professionals, for example GP's and pharmacists to plan and deliver an effective service for the people they cared for.
- A relative told us, "The staff understand our loved ones medical conditions and needs however we take care of their GP and hospital appointments.."

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's capacity to make decisions was assessed and retained in their care records.
- Staff received training and understood the requirements of the MCA. Staff asked for people's consent before providing support and gave people time to think about their decisions and choices before acting. A staff member told us, "The person I support has capacity to make decisions for themselves. I always seek consent from them before I do anything."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's care records included sections that referred to their diverse backgrounds. The registered manager and staff explained how they respected people's diverse needs, religions and cultures when they supported them in their homes
- A relative told us, "The staff speak the same language as my loved one and they understand their religious and cultural needs. We appreciate this as a family."
- A staff member told us, "I have had training on equality and diversity, and I am very aware of people's cultural and religious needs. I also understand we are all different and I need to respect people's individual choices and opinions."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives had been consulted about the care and support they received.
- A relative told us, "I was fully involved in planning for my loved one's care. I helped my loved one and the registered manager with the needs assessment and the care plan."
- A staff member told us, "The person I support can make their own choices about what they like to wear and what they want to eat. I am always happy to offer any support they need."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A relative told us, "Staff respect my loved one's privacy and dignity. They close the door when they support them to the bathroom, and they make sure my loved one is covered when they are providing personal care." Another relative commented, "The staff respect my loved one's dignity, they make sure everything is private."
- People's independence was promoted. A staff member told us, "The person I support is encouraged to do as much as they can for themselves. I don't rush them, and I always explain what I do for them."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support was planned and delivered to meet individual needs. People's care plans described their health care and support needs. They contained information for staff on supporting people with their medical conditions, personal care and moving and handling.
- Care records showed that people's needs had been discussed with them and their family members to help establish their preferences in the way they received support.
- Staff understood people's needs and they were able to describe their care and support needs in detail. For example, staff told us how they supported people's specific medical conditions and with their mobility needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in their care plans.
- The registered manager told us that if people required information in large print or a different language this would be made available to them. We saw the services complaints procedure was available in English and people using the service first language. The registered manager told us they were currently working on translating care plan summaries into the people using the services first language.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The complaints procedure was available in formats that people could understand.
- A relative told us they knew how to make a complaint, but they had never needed to.
- The registered manager showed us a complaints file that included a copy of the provider's complaints procedure and forms for recording and responding to complaints. They told us they had not received any complaints. However, if they did, they would follow their complaints policy and procedure to ensure the complainant was satisfied with the actions taken.

End of life care and support

- The registered manager told us no one using the service was receiving end of life care and support at the time of our inspection. However, they said they would liaise with health care professionals and family

members to provide people with appropriate care and support when required.

- People were supported to make decisions about their preferences for end of life care and these decisions were retained in their care records.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a registered manager in post. They demonstrated a very good knowledge of people's needs and the needs of the staffing team.
- A relative told us. "We are happy with the service, if we call them, they are there whenever we need them. We are very happy with the management and how the service is run." Another relative commented, "It's a good service. It's always well managed."
- Staff were positive about how the service was run and about the support they received from the registered manager. One staff member told us, "I think we have a good team. I've got the registered manager on speed dial; they are really supportive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always open, transparent and took responsibility when things went wrong.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager recognised the importance of regularly monitoring the quality of the service. They undertook regular quality monitoring audits. These audits covered areas such as care records and staff training. They also had systems for logging and learning from incidents and accidents and complaints.
- The registered manager showed us a bespoke computer program that covered areas such as staff rotas, training, medicines administration and care tasks. This was in partial use as the service was still small.
- The registered manager carried out unannounced 'spot checks' on staff to make sure that care was provided to people appropriately and safely. Records showed they checked if staff turned up on time and they provided care and support to people in line with their care plans. They also spoke with the people using the service and their relatives to check if they had any concerns.
- The registered manager told us they were in the process of sending out satisfaction surveys to people using the service and their relatives. They told us any feedback they received would be used to make improvements to the service.
- We saw records from regular quarterly staff meetings. A staff member told us, "The team meetings are very helpful, we talk about how things are going, any concerns we have and what we need to do our jobs."

#### Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They had regular contact with health care professionals, and they told us they welcomed health care professionals' views on service delivery.
- The registered manager told us they attended a virtual provider forum run by the local authority during the pandemic. They told us they received support around managing COVID 19 at the service. They said they found the forum helpful and informative and they had plans to attend these on a regular basis.